

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	1/8/01
FORMALITY REVIEW	lt	907	1-17-01
RESPONSE FORMALITY REVIEW	lt	712	05-04-01

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	627-01
2	13-25-02
3	02-03-03
4	V V
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45	V V
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48	V V
49	V V
50	V V

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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